



Provider Communication

Subject: Recoupment Assistance	Priority: High
Date: March 10, 2005	Message ID: ACSBNR03102005_1

Dear Provider,

As indicated in the February 18, 2005 banner message entitled “Advanced Payment and Other Receivables Recoupment Strategy Update,” refund checks that providers have submitted in the past are now being processed. The refund check backlog and the new recoupment strategy has caused an increase in provider calls.

Many providers are having difficulty understanding the recoupment strategy. Providers are also experiencing double recoupment due to mass adjustments being processed before refund checks have been applied to the related claims.

As a reminder, ACS is no longer accepting checks for claim over payments. Providers must void or adjust claims via the Web portal or using the DMA-501 (Adjustment Request) form. Due to the high volume of calls, ACS has created an additional “prompt” on the interactive voice response (automated phone) system. The new prompt will route your call to a recoupment specialist. You can reach this prompt by calling the CIC at 800-766-4456 (toll free) or 404-298-1228 (metro Atlanta):

1. Press number for language preference.
2. Press 6.
3. Press 0.
4. Enter your provider ID.
5. Press 4. Instructions will follow.

To make your call more efficient, please have the following information readily available:

- FCN
- Date of remit
- Payee #
- Date(s) of service
- Member number
- Payment amount/recoupment amount
- Check number of the check you sent as a refund
- Check amount of the check you sent as a refund

If you have already refunded money in the past, please have the check number and amount of the check tied to the claim(s) so that a refund can be issued if necessary.

If you prefer to submit your inquiry in writing, please use the attached form and provide as much detailed information as possible to expedite your inquiry. The form must be sent to this address:

Recoupment Research
P.O. Box 888386
Atlanta, GA 30356



Recoupment Inquiry Form

Complete this form for each refund check you have submitted.

Provider ID

Payee _____

Rendering _____ Rendering _____ Rendering _____

Rendering _____ Rendering _____ Rendering _____

Refund Check Information

Check # _____ Check Amount _____

Information from Your Remittance Advice

TCN (Transaction Control Number) (s) _____

TCN (Transaction Control Number) (s) _____

TCN (Transaction Control Number) (s) _____

TCN (Transaction Control Number) (s) _____

TCN (Transaction Control Number) (s) _____

TCN (Transaction Control Number) (s) _____

FCN (Financial Control Number) _____

Claim Payment Amount \$ _____

Member Information (not required if TCNs are provided above)

Member # _____ Dates of Service _____

Member # _____ Dates of Service _____

Member # _____ Dates of Service _____

Member # _____ Dates of Service _____

Member # _____ Dates of Service _____

Member # _____ Dates of Service _____

After completing this form, please send to the following Address:

Recoupment Research
P.O. Box 888386
Atlanta, GA 30356